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## **BIB DATA SHEET**

## **CONFIRMATION NO. 1371**

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Foreign Priority claims 35 USC 119(a-d) con		Yes No	☐ Met af Allowa	ter .nce	STATE OR COUNTRY		IEETS WINGS	TOT.		INDEPENDENT CLAIMS
	/STACEY N MACFARLA Examiner's	ANE/	Initials		SPAIN		10	25		6
ADDRESS										
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TITLE										
Method for the treatment of Demyelinating Diseases										
	FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following:  □ All Fees □ 1.16 Fees (Filing) □ 1.17 Fees (Processing Ext. of time) □ 1.18 Fees (Issue) □ Other									

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